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LICENSE NUMBER: 06320000	1	CITY OR TOWN LUDLOW
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: WHG INC	C.	
DOING BUSINESS A OPEN D	OOR CAFE	
ADDRESS 247 CADY		
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056
MANAGER: GOODNOW, WILLIAM	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED		
		NS:NORTH SIDE, FRONT, WEST SIDE FT ON EAST SIDE OF BUILDING
I hereby certify and swear under		
1. the renewed license w	ill be of the same type for the s	same premises now licensed;
2. the licensee has comp	lied with all laws of the Comm	onwealth relating to taxes; and
-	open for business (If not explain	_
SIGNED BY		
Individual	, Partner or Authorized Corpor	rate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bui	lding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06320	3003	CITY OR TOWN LUDLOW
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TONY	& PENNY'S LUNCHEONETTE	INC.
DOING BUSINESS A TON	Y & PENNY'S REST. & CATER	ING SERVICE
ADDRESS 18 CANTERBUI	RY STREET	
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056
MANAGER: SEBASTIAC ANTONIO	, TYPE OF LICENSE:Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENS		
		TS TO CANTERBURY ST. 3 EACH
I hereby certify and swear un		
	se will be of the same type for the	•
	omplied with all laws of the Common ow open for business (If not expla	_
5. the premises are n	ow open for dusiness (if not expia	iii below)
SIGNED BY		
Indivi	dual, Partner or Authorized Corpo	rate Officer
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the	building inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		
<u> </u>		By:
DISAPPROVED:		By:
<u> </u>		By:
DISAPPROVED:		By:



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LICENSE NUMB	BER: 063200004		CITY OR TOWN LUDLOW	
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	E: GINO TROL	IO, INC		
DOING BUSINES	SS A JOY'S RES	TAURANT		
ADDRESS 481 C	ENTER STREET			
CITY/TOWN: L	UDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER: TI	ROLIO, GINO	TYPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION C				
		WITH TWO ENTRANCE T FOR KITCHEN.	ES/ EXITS. ONE EMERGENCY	Y EXIT
I hereby certify an	nd swear under per	nalties of perjury that:		
1. the ren	ewed license will	be of the same type for the	same premises now licensed;	
2. the lice	ensee has complied	d with all laws of the Com	nonwealth relating to taxes; and	
3. the pre	mises are now ope	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
D. 1				
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
Acts of 2004, sig	ned by the buildi	ng inspector and the head	e certificate required by Chap d of the fire department for the trance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	apiain)			
DATE:				



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LICENSE NUMBER: 063200006	•	LITY OR TOWN LUDLOW
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RODRIGUE	S INC.	
DOING BUSINESS A EUROPA (CAFÉ	
ADDRESS 782 CENTER ST.		
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056
MANAGER: RODRIGUES, MICHAEL F.	TYPE OF LICENSE: Innhe	older CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PR	REMISES:	
FOUR ROOMS, SLEEPING QUAI A BAR AND LOUNGE IN THE D ACCESSIBLE, ONE BACK DOOF ENTRANCES AND ONE BACK E	OWNSTAIRS. FRONT EN R EXIT THROUGH KITCH	
I hereby certify and swear under per	nalties of perjury that:	
1. the renewed license will	be of the same type for the s	ame premises now licensed;
2. the licensee has complie	d with all laws of the Commo	onwealth relating to taxes; and
3. the premises are now ope	en for business (If not explain	n below)
SIGNED BY Individual, P	artner or Authorized Corpora	ate Officer
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildi	ing inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		



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LICENSE NUI	MBER: 063200008		CITY OR TOWN	LUDLOW
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BENEVOLENT	& PROTECTIVE OR	DER	
DOING BUSIN	NESS A OF ELKS LOD	GE # 2448		
ADDRESS 69	CHAPIN ST.			
CITY/TOWN:	LUDLOW	STATE: MA	ZIP CODE:	01056
MANAGER:	GRIMES, TY GORDON G.	PE OF LICENSE: Cl	ıb C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREM			
LOUNGE,KIT	CINDER BLOCK BLDG CHEN,WALK IN COOL ROOM, TWO REST RO	ER, UTILITY ROOM	A,TWO OFFICES,S	
I hereby certify	and swear under penaltic	es of perjury that:		
1. the	renewed license will be o	f the same type for the	same premises now	licensed;
	licensee has complied with		•	to taxes; and
3. the 1	premises are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual Partn	er or Authorized Corp	orate Officer	
	mar vidual, i arm	or or rumorized corp.	ruic Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	TEEET IIO	NE IVENIBER.	(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the building i	nspector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Acts of 2004, named license	signed by the building in e and (2) the certificate of	nspector and the hea	d of the fire depart rance required by	ment for the above
Acts of 2004, and amed license of 2010. Please Check Belo APPROVED:	signed by the building is and (2) the certificate o	nspector and the hea	d of the fire depart rance required by	ment for the above Chapter 116 of the Acts
Acts of 2004, an named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed by the building is and (2) the certificate of the certificate o	nspector and the hea	d of the fire depart rance required by LOCAL LICENS	ment for the above Chapter 116 of the Acts
Acts of 2004, and amed license of 2010. Please Check Belo APPROVED:	signed by the building is and (2) the certificate of the certificate o	nspector and the hea	d of the fire depart rance required by LOCAL LICENS	ment for the above Chapter 116 of the Acts
Acts of 2004, an named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed by the building is and (2) the certificate of the certificate o	nspector and the hea	d of the fire depart rance required by LOCAL LICENS	ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063200010		CITY OR IC	JWN LUDLOW	
APPLICATION FOR RENEWAL:	Annual	L	ICENSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: LUDLOW PIZZ	ZA, INC.			
DOING BUSINESS A PIZZA CORN	ER			
ADDRESS 70 EAST ST.				
CITY/TOWN: LUDLOW	STATE: MA	ZIP COD	DE: 01056	
MANAGER: PERRAKIS, CHARLES	YPE OF LICENSE: Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM				
ONE FLOOR,TWO ROOMS,NO CEI		E AND EXIT	ON EAST ST	
I hereby certify and swear under penalt	1 5 .			
1. the renewed license will be	* *	-		
2. the licensee has complied w3. the premises are now open :			ting to taxes; and	
3. the premises are now open	ioi busiliess (II liot expla	iii below)		
SIGNED BY				
	ner or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPI	LOYER IDENTIFICAT	TON NUMBER:
		(Note: <u>N</u> (OT Individual Social S	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire de	epartment for the	above
Please Check Below:		LOCAL LI	CENSING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				



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LICENSE NUMBER: 06320001	.1	CITY OR TOWN LUDLOW	(
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: FRANK I	EVANGELISTA		
DOING BUSINESS A FRANK	'S DINER		
ADDRESS 99 EAST ST.			
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER:	TYPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	/ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE FLOOR, CELLAR FOR S EXITS	TORAGE, ONE FRONT ENT	RANCE,TWO SIDE ENTRAN	CES AND
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the	e same premises now licensed;	
2. the licensee has comp	plied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now	open for business (If not expl	ain below)	
SIGNED BY			
Individua	l, Partner or Authorized Corpo	orate Officer	
DATE			
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
		(Note: 1101 Individual Social	Security Number)
Acts of 2004, signed by the bu	ilding inspector and the hea	ne certificate required by Chap d of the fire department for the arance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappiovod expiaiii)			<u>—</u>
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063200013		CIT	Y OR TOWN	1 LUDLOW	
APPLICATION FOR	R RENEWAL:	Annu	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	DIAS AND DIAS,	INC.				
DOING BUSINESS	A THE MATADOF	R RESTAURA	NT			
ADDRESS 300 EAS	ST ST.					
CITY/TOWN: LUI	OLOW	STATE:	MA	ZIP CODE:	01056	
MANAGER: DIAS	S, MARIA TY	PE OF LICEN	SE:Restaura	ant (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL A	ADDRESS		-
DESCRIPTION OF	LICENSED PREMIS	SES:				
FOUR ROOMS ON OF PREMISES. TW ROOM TO BE LOC	O ENTRANCES AN	ND EXITS ON	EAST ST.	ADDITION;	FINISHED GA	
I hereby certify and s	swear under penalties	s of perjury tha	ıt:			
1. the renew	ved license will be of	the same type	for the same	e premises no	w licensed;	
2. the licens	see has complied with	all laws of the	e Commonw	vealth relating	to taxes; and	
3. the premi	ises are now open for	business (If n	ot explain b	elow)		
SIGNED BY						
	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
				(Note: NOT 1	ndividual Social S	ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building in (2) the certificate of	spector and tl	he head of t	he fire depar	tment for the	above
Please Check Below:			L	OCAL LICEN	ISING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain	ain)					
			_			
DATE:						
			_			



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LICENSE NUMBER:)63200015		CITY OR T	OWN	LUDLOW	/
APPLICATION FOR I	RENEWAL:	Annual		LICEN	NSED FOR 2	2013
		CLASS				YEAR
LICENSEE NAME: I		IZENS CLUB OF				
DOING BUSINESS A						
ADDRESS 355 EAST						
CITY/TOWN: LUDL	OW	STATE: MA	ZIP CO	DE:	01056	
MANAGER: DeSAN	ITIS CLARE TYP	PE OF LICENSE: Clu	b	C	CATEGORY:	: All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS			
DESCRIPTION OF LI						
SPLIT LEVEL STRUC CELLAR. FOUR ENT			GE, ONE ST	ORAC	GE ROOM. N	10
I hereby certify and swe	ear under penalties	of perjury that:				
1. the renewed	license will be of	the same type for the	same premis	es nov	w licensed;	
2. the licensee	has complied with	all laws of the Comn	nonwealth re	lating	to taxes; and	
3. the premises	s are now open for	business (If not expla	nin below)			
SIGNED BY	Individual Dartner	or Authorized Corpo	rata Officar			
-	marviduai, i armei	of Authorized Corpo	rate Officer			
DATE:	TELEBRION		EM	DI OVE	ED IDENTIFICA	TION NUMBER:
DITTE.	TELEPHON	E NUMBER:				Security Number)
We the undersigned, Acts of 2004, signed by	y the building ins	spector and the head	of the fire	depar	tment for th	e above
named license and (2) of 2010.	the certificate of	inquor nability insul	rance requi	rea by	Chapter 11	o of the Acts
Please Check Below:			LOCALI	ICEN	ISING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:]					
(If disapproved explain	.)					
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVE	MBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063200016		Cľ	TY OR TO	NWC	LUDLOW	
APPLICATION FOR	R RENEWAL:	Annu	al	L	ICENS	SED FOR 20	013
		CLAS	SS				YEAR
LICENSEE NAME: DOING BUSINESS							
ADDRESS 387 EAS	T ST.						
CITY/TOWN: LUD	DLOW	STATE:	MA	ZIP COI	DE:	01056	
MANAGER: NUN ARIS	IES, TYPE STIDES	OF LICENS	SE: Restau	rant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS			ı
DESCRIPTION OF I	LICENSED PREMISE	S:					
2 FLOORS, 2 ROOM AND EXITS	MS,BAR AND DININC	G ROOM, C	ELLAR FO	OR STOR	AGE, T	TWO ENTR	ANCES
I hereby certify and s	swear under penalties of	f perjury tha	t :				
	red license will be of the			_			
	ee has complied with al				ating to	taxes; and	
3. the premis	ses are now open for bu	isiness (If no	t explain b	below)			
SIGNED BY	Individual, Partner or	r Authorized	Corporate	e Officer			
DATE:	TELEPHONE	NUMBER:		EMP	LOYER	IDENTIFICAT	ION NUMBER:
				(Note: <u>N</u>	OT Indi	vidual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of lie	ector and th	e head of	the fire d	epartn	nent for the	above
Please Check Below:			L	OCAL LI	[CENS]	ING AUTHO	ORITY
APPROVED:			В	By:			
DISAPPROVED:							
(If disapproved expla	un)		-				
			_				
DATE:			-				



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LICENSE NU	MBER: 063200017	C	TTY OR TOWN LUDLO	W
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: LACONIA EAS	T, INC.		
DOING BUSI	NESS A EL CID LOUN	IGE		
ADDRESS 10	02 EAST ST.			
CITY/TOWN:	LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER:	FERREIRA, T MICHAEL E.	YPE OF LICENSE: Restau	urant CATEGORY	Y: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMAIL	ADDRESS	
	N OF LICENSED PREM			
AREA. 3 EXIT		EAST ST. EXIT AND RE	OOMS, KITCHEN AREA, AR EXIT. ALTER OF PRI	
I hereby certify	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the same	me premises now licensed;	
	•		nwealth relating to taxes; an	d
3. the	premises are now open	for business (If not explain	below)	
SIGNED BY				
SIGNED DI	Individual, Part	ner or Authorized Corporat	e Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	signed by the building	inspector and the head of	ertificate required by Cha I the fire department for the nce required by Chapter 1	he above
Please Check Belo			LOCAL LICENSING AUT	HORITY
APPROVED:			Ву:	
DISAPPROVI (If disapproved				
(11 uisappiovec	i enpiani)			
DATE:				



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LICENSE NUMBER: 063200018		CITY OR TOWN LUDLOW	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: LUDLOW T	ENNIS CLUB,INC.		
DOING BUSINESS A LUDLOW	TENNIS CLUB		
ADDRESS 40 CARMELINAS CIF	RCLE		
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER: HUGHES, JOHN	TYPE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PI	REMISES:		
3.58 ACRES, 52,000 SQ. FT. BUT FRONT WITH A FIRE EXIT IN T OVERHEAD DOORS IN FRONT.	THE BACK AND TWO FIL		
I hereby certify and swear under pe	nalties of perjury that:		
	• •	e same premises now licensed;	
2. the licensee has complie	ed with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now op	en for business (If not expl	ain below)	
SIGNED BY			
	Partner or Authorized Corpo	orate Officer	
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that values of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the hea	d of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBE	R: 063200019		CITY OR TO	WN LUDLOW	
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: BROOKSIDE C	AFE, INC.			
DOING BUSINESS	SA				
ADDRESS 0006-8	FULLER ST.				
CITY/TOWN: LU	DLOW	STATE: MA	ZIP CODE	E: 01056	
	CHAEL T' FEVER	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:]
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF					
		ELLAR. FIRST FLOO IN AREA AND TWO			
I hereby certify and					
1. the renev	wed license will be o	of the same type for the	he same premises	now licensed;	
2. the licen	see has complied wi	ith all laws of the Cor	nmonwealth relat	ing to taxes; and	
3. the prem	ises are now open fe	or business (If not ex	plain below)		
SIGNED BY					
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
			(Note: <u>NO</u>	T Individual Social S	security Number)
Acts of 2004, signe	ed by the building i	re in possession (1) inspector and the he of liquor liability in	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	iaiii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 063200021	•	CITY OR TOWN LUDLO)W
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME	E: ARK ENTER	PRISES, INC		
DOING BUSINES	S A THE LIGHT	THOUSE		
ADDRESS 108 SE	EWALL ST.			
CITY/TOWN: LU	JDLOW	STATE: MA	ZIP CODE: 01056	
	NEILL, ATHLEEN M.	TYPE OF LICENSE: Rest.	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION O				
	OR BAR IN FRO	NT,KITCHEN AND ROOM	NT. TWO LARGE ROOMS M WITH TABLES, SEPAR	
I hereby certify and	d swear under pen	alties of perjury that:		
1. the rene	ewed license will l	be of the same type for the s	ame premises now licensed;	
	•		onwealth relating to taxes; a	nd
3. the pren	mises are now ope	en for business (If not explai	n below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpor	rate Officer	
	,			
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIE	CATION NUMBER:
		HOIVE IVOIVIBER.	(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sign	ed by the building	ng inspector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:	lain)			
(If disapproved exp	piain)			
			-	
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 063200022		CIT	Y OR TOWN	LUDLOW	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	LUDLOW FISH &	GAME CLUB	INCORPO	ORATED		
DOING BUSINESS	Α					
ADDRESS SPORTS	SMEN'S RD.					
CITY/TOWN: LUI	DLOW	STATE: N	MA .	ZIP CODE:	01056	
MANAGER: HAI THO	LUCH, TYP DMAS	E OF LICENSE	E:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	OUR EMAIL A	DDRESS		-
	LICENSED PREMIS					
	OMS, BAR LOUNGE, OM, FIVE ENTRANC			VITY ROOM.	KITCHEN,	MAIN
I hereby certify and	swear under penalties	of perjury that:				
1. the renew	ved license will be of the	he same type for	r the same	e premises now	licensed;	
	see has complied with			_	o taxes; and	
3. the premi	ises are now open for b	ousiness (If not	explain be	elow)		
SIGNED BY	Indiaideal Dagen	A	Ya aa 4 a .	Off:		
	Individual, Partner	or Authorized C	orporate	Officer		
DATE.						
DATE:	TELEPHONE	E NUMBER:		(Note: NOT Inc		ION NUMBER:
				(****** <u>1,02</u> III.	ii viduai Boeiai B	cearity (valides)
Acts of 2004, signe	ed, attest that we are in d by the building inspect (2) the certificate of 1	pector and the	head of t	he fire depart	ment for the	above
Please Check Below:			LO	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			Ву	/ :		
DISAPPROVED:	oin)					
(If disapproved expl	am)		=			
DATE:						



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LICENSE NUM	MBER: 063200023		CITY OR TOWN	LUDLOW	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: UNITY ATHLET	IC CLUB, INC.			
DOING BUSIN	NESS A				
ADDRESS 161	STATE ST.				
CITY/TOWN:	LUDLOW	STATE: MA	ZIP CODE:	01056	
MANAGER:	GANHAO, JOHN TY	PE OF LICENSE: Clu	ıb C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	SES:			
FOUR ENTRA HALL	NCES, FIRST FLOOR; I	FIVE ROOMS. SECC	ND FLR; SEVEN	ROOMS, MA	IN
I hereby certify	and swear under penaltie	s of perjury that:			
1. the 1	renewed license will be of	the same type for the	same premises nov	v licensed;	
2. the l	licensee has complied wit	h all laws of the Com	nonwealth relating	to taxes; and	
3. the p	premises are now open for	r business (If not expl	ain below)		
SIGNED BY	Individual Doutes	m on Authorized Com-	omata Offican		
	marviduai, Partile	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEEEI HOI	VE IVOIVIDER.	(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, s	signed, attest that we ar	spector and the hea	d of the fire depart	ment for the	above
of 2010.	and (2) the certificate o	i iiquor nabinty insu	rance required by	Chapter 116	of the Acts
Please Check Belo	<u>w:</u>		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			LOCAL LICEN By:	SING AUTHO	ORITY
APPROVED: DISAPPROVE	ED:			SING AUTHO	ORITY
APPROVED:	ED:			SING AUTHO	ORITY
APPROVED: DISAPPROVE	ED:			SING AUTHO	ORITY
APPROVED: DISAPPROVE	ED:			SING AUTHO	ORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED:	LICENSE NUMBER: 063200024	(CITY OR TOWN LUDLOW	
LICENSEE NAME: NEW MONTALEGRE SNACK BAR ADDRESS 189 STATE ST. CITY/TOWN: LUDLOW STATE: MA ZIP CODE: 01056 MANAGER: ROSA, MARIA TYPE OF LICENSE:Restaurant CATEGORY: All Alcoho INES EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT. 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL IST - OCTOBER 1ST. I thereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISA	APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
DOING BUSINESS A NEW MONTALEGRE SNACK BAR ADDRESS 189 STATE ST. CITY/TOWN: LUDLOW STATE: MA ZIP CODE: 01056 MANAGER: ROSA, MARIA TYPE OF LICENSE:Restaurant CATEGORY: All Alcoho INES EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL IST - OCTOBER 1ST. 1. ther bey certify and swear under penaltics of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below; APPROVED: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED:		CLASS	YEAR	
ADDRESS 189 STATE ST. CITY/TOWN: LUDLOW STATE: MA ZIP CODE: 01056 MANAGER: ROSA, MARIA TYPE OF LICENSE: Restaurant CATEGORY: All Alcoho INES EMAIL ADDRESS: FILEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED	LICENSEE NAME: NEW MONTAL	LEGRE SNACK BAR IN	C.	
CITY/TOWN: LUDLOW STATE: MA ZIP CODE: 01056 MANAGER: ROSA, MARIA TYPE OF LICENSE: Restaurant CATEGORY: All Alcoho INES EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41 X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED:	DOING BUSINESS A NEW MONTA	ALEGRE SNACK BAR		
MANAGER: ROSA, MARIA TYPE OF LICENSE:Restaurant CATEGORY: All Alcoho INES EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	ADDRESS 189 STATE ST.			
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below; LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: DISAPPROVED:	CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056	
DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:		YPE OF LICENSE: Resta	nurant CATEGORY: All Alcoho	ol
DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	EMAIL ADDRESS:			
MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:				
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED:	SQ FT, 2 FRONT ENTRANCES, ONI	E SIDE ENTRANCE AN		
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED:	I hereby certify and swear under penalt	ies of perjury that:		
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: By:	1. the renewed license will be	of the same type for the sa	ame premises now licensed;	
SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED:	<u>*</u>		•	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:	3. the premises are now open to	for business (If not explain	n below)	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:				
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:		ner or Authorized Corpora	ate Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED:	,			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED:				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By:	DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	R:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED:)1 (2 1 (C) (12 22 ti	(Note: NOT Individual Social Security Number	er)
APPROVED: By: DISAPPROVED: By:	Acts of 2004, signed by the building named license and (2) the certificate	inspector and the head	of the fire department for the above	
DISAPPROVED:	Please Check Below:		LOCAL LICENSING AUTHORITY	
	<u> </u>		By:	
(It discommons of associated)				
(If disapproved explain)	(11 disappioved expiaili)			
DATE:	DATE:			



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LICENSE NUMBE	R: 063200025		Cľ	TY OR TOW	N LUDLOW	
APPLICATION FO	R RENEWAL:	Annua	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME	: LUDLOW COUN	TRY CLUB, IN	NC.			
DOING BUSINESS	S A LUDLOW COU	NTRY CLUB				
ADDRESS TONY	LEMA DRIVE					
CITY/TOWN: LU	DLOW	STATE:	MA	ZIP CODE:	01056	
MANAGER: WA	NIEWSKI, TY NRY	PE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
OFFICE AND DISPROOM, COAT RO	ND LADIES LOCK PLAY AREA AND (OM, KITCHEN, BA PELEVATOR. SQ F R ROOM	CONCESSION A NQUET HALL	AIRE'S ST "STORAG	ORAGE ROC E,2 RESTRO	OM. 2ND FLR; OMS. 5 ENT/I	BAR EXITS
I hereby certify and	swear under penaltie	es of perjury that	t:			
1. the renev	wed license will be o	f the same type	for the san	ne premises no	w licensed;	
2. the licens	see has complied wit	h all laws of the	Common	wealth relating	g to taxes; and	
3. the prem	ises are now open fo	r business (If no	ot explain b	pelow)		
SIGNED BY	Individual, Partne	er or Authorized	. Corporate	e Officer		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we ared by the building in	aspector and th	e head of	the fire depa	rtment for the	above
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:			P	By:		
DISAPPROVED:						
(If disapproved expl	iain)		-			
			=			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063200028		CITY OR TOWN	LUDLOW
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A				
ADDRESS 14 WORC	ESTER ST.			
CITY/TOWN: LUDI	LOW	STATE: MA	ZIP CODE:	01056
MANAGER: MATE	US, KELLY TYPE	OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LEONE FLOOR, TWO FLOOR, TWO FLOOR, TO STATE STREET,	ROOMS, CELLAR FO	S: OR STORAGE; TH	IREE ENTRANCES	
I hereby certify and sw	ear under penalties of	perjury that:		
	d license will be of the		_	
	e has complied with al		_	o taxes; and
3. the premise	es are now open for bu	isiness (If not expir	in below)	
SIGNED BY	Individual, Partner or	· Authorized Corpo	rate Officer	
DATE:	TELEPHONE I	NUMBER:		t IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building inspe	ector and the head	of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063200029		CITY OR TOWN	LUDLOW	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CADY STREE	ET MEAT MARKET INC			
DOING BUSINESS A CADY STRE	EET MEAT MARKET			
ADDRESS 16B CADY ST				
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE:	01056	
MANAGER: MATIAS, JOSE	TYPE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICENSED PRE	EMISES:			
FIRST FLOOR; TWO ROOMS WIT ROOMS, CELLAR FOR STORAGE		COND FLR; LIVING	G QUARTER	RS, SIX
2. the licensee has complied 3. the premises are now open SIGNED BY Individual Parents Individ	n for business (If not expla	nin below)	taxes, and	
marviduai, Pai	rtner or Authorized Corpo	orate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 063200030		CITY OR TO	WN LUDLOW	
APPLICATIO	N FOR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
	AME: RANDALL'S NESS A CENTER P.				
ADDRESS 63	1 CENTER ST				
CITY/TOWN:	LUDLOW	STATE: MA	ZIP COD	E: 01056	
MANAGER:	RANDALL, KAREN A.	TYPE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PR				
	STORAGE TO THE ENTRANCES AND	REAR OF RETAIL ARE EXITS	A WITH LOCK	KED ROOM IN M	IAIN
2. the	licensee has complied premises are now ope	be of the same type for the laws of the Comen for business (If not expendent or Authorized Corporation)	nmonwealth related		
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICATE OYER IDENTIFI	
Please Check Belo APPROVED:			LOCAL LIC	CENSING AUTH	ORITY
DISAPPROVI			Dy.		
(If disapproved	d explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063200031	CITY OR TOWN LUDLOW
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: TURNPIKE PKG STORE,INC.	
DOING BUSINESS A	
ADDRESS 434 CENTER STREET	
CITY/TOWN: LUDLOW STATE:	MA ZIP CODE: 01056
MANAGER: MINNIE, EDGAR TYPE OF LICENS R. II	E:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY BRICK BLDG WITH CELLAR. ONE RC SALES. CELLAR FOR STORAGE	OOM ON MAIN FLOOR USED FOR RETAIL
 the renewed license will be of the same type for the licensee has complied with all laws of the the premises are now open for business (If not 	Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized	Corporate Officer
Diffe	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 063200032		CITY OR TOWN	LUDLOW
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSIN		INC. SONS WINES AND LIQ	UORS	
ADDRESS 328				
CITY/TOWN:	LUDLOW	STATE: MA	ZIP CODE:	01056
MANAGER:	ANDRE, GERMANO A.	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PE	REMISES:		
SINGLE STOR	RY BLDG WITH 30	64 SQ FEET WITH A CE	ELLAR OF EQUAL S	IZE
I hereby certify	and swear under per	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for th	e same premises now	licensed;
2. the l	licensee has complie	d with all laws of the Com	monwealth relating to	taxes; and
3. the ₁	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TEI EI	PHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
	TELEI	HONE NOWIDER.		ividual Social Security Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
			-	
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 063200033		CITY OR TOWN	LUDLOW
APPLICATIO:	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: C&R HARR NESS A OUR TOW			
ADDRESS 25	9 FULLER ST			
CITY/TOWN:	LUDLOW	STATE: MA	ZIP CODE:	01056
MANAGER:	HARRINGTON, NOEL D	TYPE OF LICENSE: Par	ckage Store C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED P			
		r storage. Main entrance at a small driveway. Additio		
	premises are now op	ed with all laws of the Component for business (If not exploration) Partner or Authorized Corpo	ain below)	o taxes; and
DATE:	TDV F		EMBI OVEL	R IDENTIFICATION NUMBER:
<i>5</i> .11 <i>2</i> .	TELE	PHONE NUMBER:		dividual Social Security Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 063200034		CITY OR TOWN	LUDLOW	
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAMI	E: TAHIR HUMA	YUN			
DOING BUSINES	SS A E-Z SHOP CO	ONVENIENCE			
ADDRESS 00546	A CENTER STREE	ET			
CITY/TOWN: LU	UDLOW	STATE: MA	ZIP CODE:	01056	
	JMAYUN, 7 JHIR	ΓΥΡΕ OF LICENSE: Pα	ackage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PRE	MISES:			
TO THE REAR. T		S A COOLER 20'X10'. TO THE PREMISES IS THE PUBLIC.			
I hereby certify and	d swear under penal	ties of perjury that:			
-	_	of the same type for th	e same premises now	licensed;	
2. the lice	nsee has complied v	vith all laws of the Com	monwealth relating t	to taxes; and	
3. the prei	nises are now open	for business (If not exp	lain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:			ION NUMBER:
			(Note: <u>NOT</u> Inc	dividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTU)DITV
APPROVED:			By:	SING AUTIN	JKIT I
DISAPPROVED:			2).		
(If disapproved exp	plain)				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 063200035		CITY OR TOWN	LUDLOW	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 206 HO	A	Inc			
CITY/TOWN: LUI	DLOW	STATE: MA	ZIP CODE:	01056	
MANAGER: Rodi	rigues, Idalina	TYPE OF LICENSE: Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
		ORAGE, TWO ROOMS TRANCE ON SIDE, REA			
I hereby certify and	swear under pena	alties of perjury that:			
1. the renew	ved license will b	e of the same type for the	e same premises now	licensed;	
2. the licens	see has complied	with all laws of the Com	monwealth relating t	o taxes; and	
3. the premi	ises are now oper	n for business (If not expl	lain below)		
SIGNED BY					
	Individual, Par	rtner or Authorized Corp	orate Officer		
DATE:	TELEPH	HONE NUMBER:			TION NUMBER:
			(Note: NOI Inc	lividual Social S	Security Number)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	<u></u>		By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	53200039		CITY	OR TOWN	LUDLOW	
APPLICATION FOR R	ENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: T.	AVARES & BRA	NCO ENTER	PRISES, IN	C.		
DOING BUSINESS A	VILLA ROSE RE	STAURANT				
ADDRESS 1428 CENT	ER ST					
CITY/TOWN: LUDLO)W	STATE:	MA Z	ZIP CODE:	01056	
MANAGER: TAVAR ANTON	/	E OF LICEN	SE: Restaurar	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL AD	DRESS		
DESCRIPTION OF LIC						
ONE STORY CEMENT WITH FIRE EXITS AT						FRONT
2. the licensee h 3. the premises SIGNED BY	license will be of to has complied with are now open for be and individual, Partner	all laws of the business (If no	Commonwe ot explain bel	ealth relating t		
DATE:	TELEPHONI	E NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
				(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	pector and th	e head of th	e fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LO By:		SING AUTH	ORITY
DATE:						



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LICENSE NU.	MBEK: 063200040		CITY OR TOW	N LUDLOW	
APPLICATIO	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013	
		CLASS		YE	EAR
LICENSEE NA DOING BUSI		USITANO CLUB, INC			
ADDRESS 38	5 WINSOR ST				
CITY/TOWN:	LUDLOW	STATE: MA	ZIP CODE:	01056	
MANAGER:	GRELHA, FREDERICO	TYPE OF LICENSE:C	llub	CATEGORY: A	ll Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PI	REMISES:			
RESTROOMS	AND EXERCISE R	OBBY, BRIDAL ROOM, OOM. 1ST FLR 5 ENTR E, RESTROOMS. 2ND F	ANCES AND EXI	TS, 2ND FLR BA	
I hereby certify	y and swear under pe	nalties of perjury that:			
1. the	renewed license will	be of the same type for th	ne same premises no	ow licensed;	
2. the	licensee has complie	d with all laws of the Con	nmonwealth relating	g to taxes; and	
3. the	premises are now op	en for business (If not exp	olain below)		
SIGNED BY	Individual, F	artner or Authorized Corp	porate Officer		
DATE:			EMPLOY	ER IDENTIFICATION	I NI IMPED.
DITTE.	TELE	PHONE NUMBER:		Individual Social Secur	
			<u> </u>	mur raum soum soun	, 1 (4.11.001)
Acts of 2004,	signed by the build	we are in possession (1) to ing inspector and the heat ate of liquor liability ins	ad of the fire depa	rtment for the ab	ove
Please Check Belo	ow:		LOCAL LICE	NSING AUTHOR	ITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					
~					



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APPLICATION FOR			CITY OR TOW	IV ECDEOW
	R RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DIAS-NUNO	INC.		
DOING BUSINESS	A PRIMAVER	RA CAFE RESTAURA	NT	
ADDRESS 257 EAS	ST STREETT			
CITY/TOWN: LUE	DLOW	STATE: M	A ZIP CODE:	01056
MANAGER: NUN	IO, JACK	TYPE OF LICENSE:	Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
	IN THE DININ			OND ENTRANCE ON IS. RELOCATION OF
I hereby certify and s	swear under pen	alties of perjury that:		
1. the renew	ed license will l	be of the same type for	the same premises no	ow licensed;
2. the license	ee has complied	with all laws of the Co	ommonwealth relating	g to taxes; and
3. the premis	ses are now ope	n for business (If not e	xplain below)	
SIGNED BY			0.00	
SIGNED BY	Individual, Pa	artner or Authorized Co	rporate Officer	
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer	
SIGNED BY DATE:		artner or Authorized Co	EMPLOY	ER IDENTIFICATION NUMBER:
			EMPLOY	ER IDENTIFICATION NUMBER: Individual Social Security Number)
DATE: We the undersigned Acts of 2004, signed	TELEP d, attest that w d by the buildin	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOY (Note: <u>NOT</u> the certificate requ ead of the fire depa	Individual Social Security Number) ired by Chapter 304 of the
DATE: We the undersigned Acts of 2004, signed named license and	TELEP d, attest that w d by the buildin	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOY (Note: <u>NOT</u> the certificate requ ead of the fire depa asurance required b	ired by Chapter 304 of the rtment for the above
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEP d, attest that w d by the buildin	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOY (Note: <u>NOT</u> the certificate requ ead of the fire depa asurance required b	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEP d, attest that w d by the buildin (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOY (Note: NOT the certificate requested of the fire depansurance required by	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEP d, attest that w d by the buildin (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOY (Note: NOT the certificate requested of the fire depansurance required by	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEP d, attest that w d by the buildin (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOY (Note: NOT the certificate requested of the fire depansurance required by	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts



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LICENSE NUMBER: 063	200043		C	TTY OR TO)WN	LUDLOW	/
APPLICATION FOR REN	NEWAL:	Annı	ıal	Ll	ICENS	SED FOR 2	2013
		CLA	SS				YEAR
LICENSEE NAME: Alex	xander's the Gre	eat Restauant,	Inc				
DOING BUSINESS A AI	exander the Gr	eat Pizza & R	estaurant				
ADDRESS 200 CENTER	STREET						
CITY/TOWN: LUDLOW	7	STATE:	MA	ZIP COD	E:	01056	
MANAGER: KOLENO' FERAT	VIC, TYI	PE OF LICEN	SE:Resta	urant	CA	TEGORY	: All Alcohol
EMAIL ADDRESS:							
PLEASE	E ALSO VISIT OUR W	EBSITE AND ENTER	R YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICE							
FIRST FLOOR, RESTROREAR. COUNTER, KITC		•				NT AND O	NE IN
I hereby certify and swear	under penalties	of perjury tha	ıt:				
1. the renewed lic	ense will be of	the same type	for the sa	me premises	s now l	licensed;	
2. the licensee has	complied with	all laws of th	e Commo	nwealth rela	ting to	taxes; and	
3. the premises are	e now open for	business (If n	ot explain	below)			
SIGNED BY							
Indi	ividual, Partner	or Authorized	d Corpora	te Officer			
DATE:	TELEPHON	E NUMBER:					TION NUMBER:
				(Note: NC	<u>DT</u> Indi	vidual Social	Security Number)
We the undersigned, atto Acts of 2004, signed by t named license and (2) th of 2010.	he building ins	spector and t	he head o	f the fire de	partn	nent for th	e above
Please Check Below:				LOCAL LIC	CENSI	ING AUTH	IORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063200044		CITY OR TOWN LUDLOV	V
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: OSCAR'S PL	ZZA RESTAURANT, LLC		
DOING BUSINESS A OSCAR'S P	IZZA RESTAURANT		
ADDRESS 973 EAST ST			
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER: YANBUL, SULTAI	NTYPE OF LICENSE: Res	category category	: All Alcohol
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR TWO ENTRANCES AND EXITS I ST. DINING AREA ON LEFT SID TOTAL PREMISES APPROX 12,5	LOCATED ON LEFT ANI E OF BLDG SEPARATE I		
	be of the same type for the d with all laws of the Comn	same premises now licensed; nonwealth relating to taxes; and nin below)	1
SIGNED BY Individual, P	artner or Authorized Corpo	orate Officer	
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildinamed license and (2) the certification of 2010.	ng inspector and the head	l of the fire department for th	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI	HORITY
DATE:			



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LICENSE NUMBER: 063200045	•	LITY OR TOWN LUDLOV	Y
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: RED FORTUNE	, LLC		
DOING BUSINESS A GUNG HO RES	STAURANT		
ADDRESS 305 CENTER ST			
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER: WANG, JIAN YU TY	YPE OF LICENSE: Resta	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
TWO STORY WOOD FRAME STRUCE ENTRANCES/EXITS FACING PROSE 22 OPENINGS LEADING TO DINING SEATING CAPACITY TO 9 SEATS A	PECT ST.ALTER OF PI G SIDE. COUNTER/BA	REMISE TO INCLUDE CLO R RECONFIGURATION TO	
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	of the same type for the s	ame premises now licensed;	
2. the licensee has complied wi		•	l
3. the premises are now open for	or business (If not explai	n below)	
SIGNED BY Individual, Partn	er or Authorized Corpor	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	inspector and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 003200046		CITY OR TOWN LUDLOW	V
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: UNCLE BO NESS A UNCLE BO	B'S,INC. OB'S GENERAL STORE		
ADDRESS 96	7 EAST STREET			
CITY/TOWN:	LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER:	GOMES, FERNANDA	TYPE OF LICENSE: P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
FRONT ENTE	RANCE AND EXIT	AND TWO REAR EXITS	S	
2. the	licensee has complie	· -	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	1
SIGINED DI	Individual, I	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:			-	



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LICENSE NUMBER:	063200049		CITY O	R TOWN	LUDLOW		
APPLICATION FOR I	RENEWAL:	Annual		LICEN	ISED FOR 2	013	
		CLASS				YEAR	
LICENSEE NAME: DOING BUSINESS A			MENT INC.				
ADDRESS LUDLOW				CODE	01076		
CITY/TOWN: LUDL		STATE: M		CODE:	01056		
MANAGER: KUBIN	NSKI, BILL TY	PE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
DESCRIPTION OF LI		WEBSITE AND ENTER YOU ICEC.	R EMAIL ADDRES	SS			
ONE FLOOR CLUBH ENTRANCES/EXITS, PATIO AT LUDLOW	OUSE,KITCHEN OFF STONY BI	N, STOREROOM, T				SQ. FT.	
I hereby certify and sw	ear under penaltie	es of perjury that:					
		f the same type for	-				
	•	th all laws of the Co		_	to taxes; and		
3. the premise	s are now open to	or business (If not ex	xplain below)			
SIGNED BY	Individual, Partne	er or Authorized Co	orporate Offic	cer			
DATE:	TELEPHO	NE NUMBER:				ΓΙΟΝ NUMBER: Security Number)	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building in	nspector and the h	ead of the fi	re depart	ment for the	above	
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY	
APPROVED: DISAPPROVED:	1		By:				
(If disapproved explain	」 ì)						
•							
DATE:							



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LICENSE NUMBER: 063200050	(CITY OR TOWN	LUDLOW
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: RODRIGUES IN DOING BUSINESS A EUROPA CAF			
ADDRESS 390 WEST STREET			
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE:	01056
MANAGER: RODRIGUES, T'MICHAEL	YPE OF LICENSE: Resta	aurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
SINGLE STORY1755 SQ FT BUILD FRONT ENTRANCE/EXIT ON WEST EMERGENCY/DELIVERY DOORS 310 SQ FT OF THE REMAINING AR DRY STORAGE, MALE/FEMALE BA	T STREET AND A SIDE THE EXISTING RETS. EA CONSISTING OF T ATHROOMS AND OFF	E AND REAR AURANT CONSIS HE KITCHEN, WA	TS OF APPROX.
I hereby certify and swear under penalti			
1. the renewed license will be o	· -	=	
2. the licensee has complied wi			taxes; and
3. the premises are now open for	or business (If not explain	n below)	
SIGNED BY Individual, Partn	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	inspector and the head	of the fire departm	ent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 063200051		CITY OR TOWN	LUDLOW	•
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 1129 EA	AST STREET				
CITY/TOWN: LU	DLOW	STATE: MA	ZIP CODE:	01056	
MANAGER: RUE D	BNER,RICHAR TY	YPE OF LICENSE:P	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
	HE FRONT RIGHT	S A FIRST FLOOR I SIDE OF THE BUI ILDING.			
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	ved license will be o	of the same type for the	ne same premises nov	v licensed;	
2. the licens	see has complied wi	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the prem	ises are now open for	or business (If not exp	olain below)		
SIGNED BY	Individual, Partno	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICA	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Please Check Below:			LOCAL LICEN	CINC AUTH	ODITV
APPROVED:			By:	SING AUTH	OKITI
DISAPPROVED:			-3:		
(If disapproved expl	ain)				
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063200	0052	CITY OR TOWN LUDLOW	
APPLICATION FOR RENEV	WAL: Annual CLASS	LICENSED FOR	2013 YEAR
LICENSEE NAME: POP N DOING BUSINESS A POP S ADDRESS 12 CADY STREI	N CORK		
CITY/TOWN: LUDLOW	STATE: MA	ZIP CODE: 01056	
MANAGER: RODRIGUES IDALINA			: All Alcohol
EMAIL ADDRESS:			
REDEMPTION CENTER I hereby certify and swear und 1. the renewed licens 2. the licensee has co	NGSIDE DOOR TO REDEMI der penalties of perjury that: e will be of the same type for the	nmonwealth relating to taxes; and	
SIGNED BY Individ	lual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			